

Name  
in  
Full

Katie Bean

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

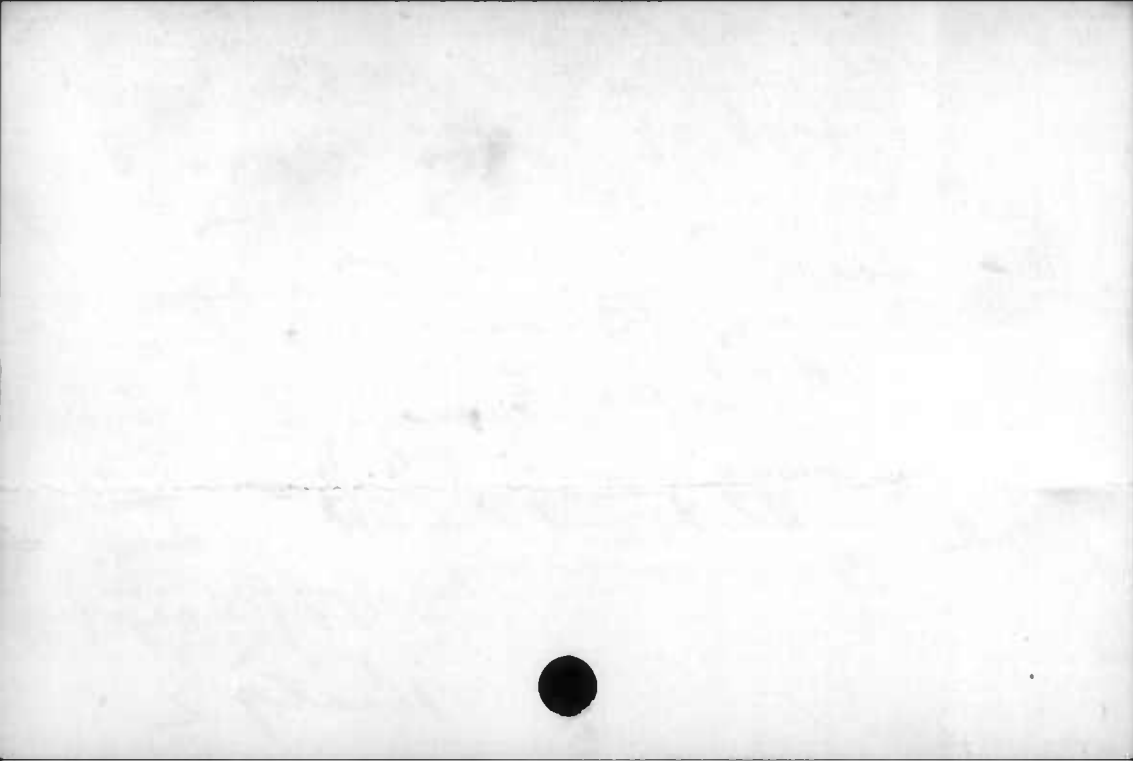
Died at <i>Dynand</i> Town		<i>St. Marys</i> County		MARYLAND	
Date of death	<i>1908</i> Month <i>Sept</i>	Day <i>2</i>	Age <i>40</i> Years	Months <i>8</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>African</i>	Birth-place <i>St. Marys Co</i>			
Occupation <i>Washing &amp; looking</i>	Where Residing if not at place of death <i>Washington D.C.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Bean</i>				
Father's Name <i>Dick Curtis</i>	Father's Birthplace <i>St. Marys Co</i>				
Mother's Maiden Name <i>Lucenia Key</i>	Mother's Birthplace <i>St. Marys Co</i>				
Name of person giving information <i>Phily. Curtis</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma Uteri (wt. 250g.)</i>	How long <i>3 weeks (sure)</i>
Immediate <i>Cancer</i>	How long <i>3 weeks (sure)</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Walter B. Dent</i>
	Address <i>Oakley, Md.</i>
Accident or Suicide? <i>8</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Harry Bland*  
Died at *St Ignaces* *St Monys*

MARYLAND

Date of death *1908* Month *Sept* Day *29* Age *15* Years Months Days

Sex *male* Color or Race *White* Birth-place *Va*

Occupation *Waterman* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *George Bland*

Father's Birthplace *Va*

Mother's Maiden Name *Don't know*

Mother's Birthplace *Va*

Name of person giving information *Wm P Rellberry*

How related to deceased *Friend*

CAUSES OF DEATH

*166*

PHYSICIAN  
OR CORONER

Primary *Gun shot wound side left* How long *6 hours*

Immediate *Hemorrhage*

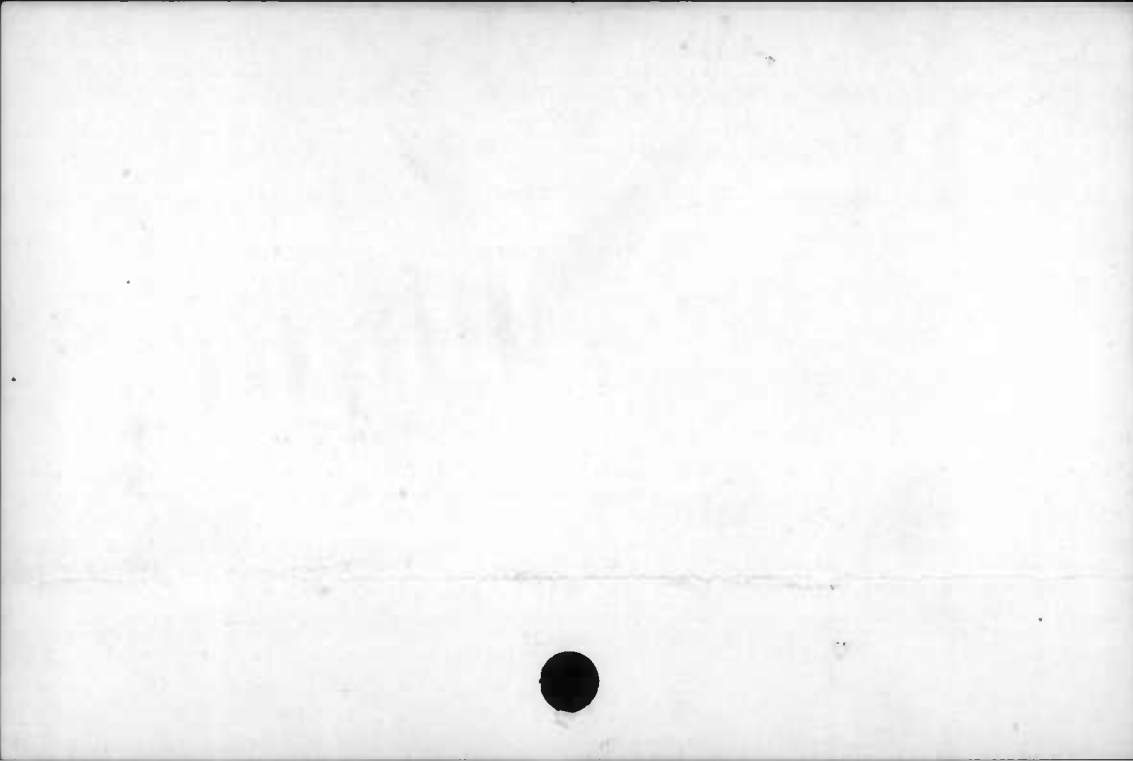
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*P. H. Floyd*  
*Rich E.*

Accident or Suicide?



Name  
in  
Full

Lethia Brown

+

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Talley Lee</i> Town		<i>St. Marys</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Sept.</i>	Day <i>8</i>	Years <i>28</i>	Months — Days —
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>St. Marys Cmt.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of <del>Wife or</del> Husband <i>Gusly Brown</i>			
Father's Name <i>John M. Lawrence</i>			Father's Birthplace <i>St. Marys Cmt.</i>		
Mother's Maiden Name <i>Saltie Waller</i>			Mother's Birthplace <i>St. Marys Cmt.</i>		
Name of person giving information <i>Gusly Brown</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long <i>4 weeks</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Hopfen Grech, M.D.</i>
		Address <i>Talley Lee, Grech</i>
Accident or Suicide?		



Name in Full		Miley Buckeinen				X		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Drayden		County St. Mary's		MARYLAND			
	Date of death	1908	Month Sept.	Day 27	Age —	Years —	Months 8	Days	
	Sex	Male		Color or Race White		Birth-place Baltimore, Md.			
	Occupation	None		Where Residing if not at place of death					
	Married, Single or Widowed	Single		Name of Wife or Husband					
	Father's Name	Lewis Buckeinen				Father's Birthplace Not known			
PHYSICIAN OR CORONER	Mother's Maiden Name	Olson Buckeinen				Mother's Birthplace Not known			
	Name of person giving information	Lewis T. Hooke				How related to deceased Not related			
	CAUSES OF DEATH								(8)
	Primary	Pertussis				How long 3 weeks			
Immediate	Cholera Infantum				How long 2 days				
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		T. Hooke Lynch, M.D.			
				Address		Valley Lee, Md.			
Accident or Suicide?									





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Emily Evans</i>		Town <i>Great Mills</i>		County <i>St. Marys</i>		MARYLAND	
Died at <i>Great Mills</i>		Month <i>September</i>		Day <i>12</i>		Years <i>1908</i>	
Date of death <i>1908 September 12</i>		Age <i>45</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Henry Evans</i>					
Father's Name <i>Joseph S. Coombe</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Winnie Wheeler</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>William Henry Evans</i>		How related to deceased <i>Hubbard</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Phthisis</i>	How long <i>About 8 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. L. Hodgdon M.D.</i>
	Address <i>Peason Pool Office, Maryland</i>
Accident or Suicide? <i>—</i>	



Name

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Full

## CERTIFICATE OF DEATH

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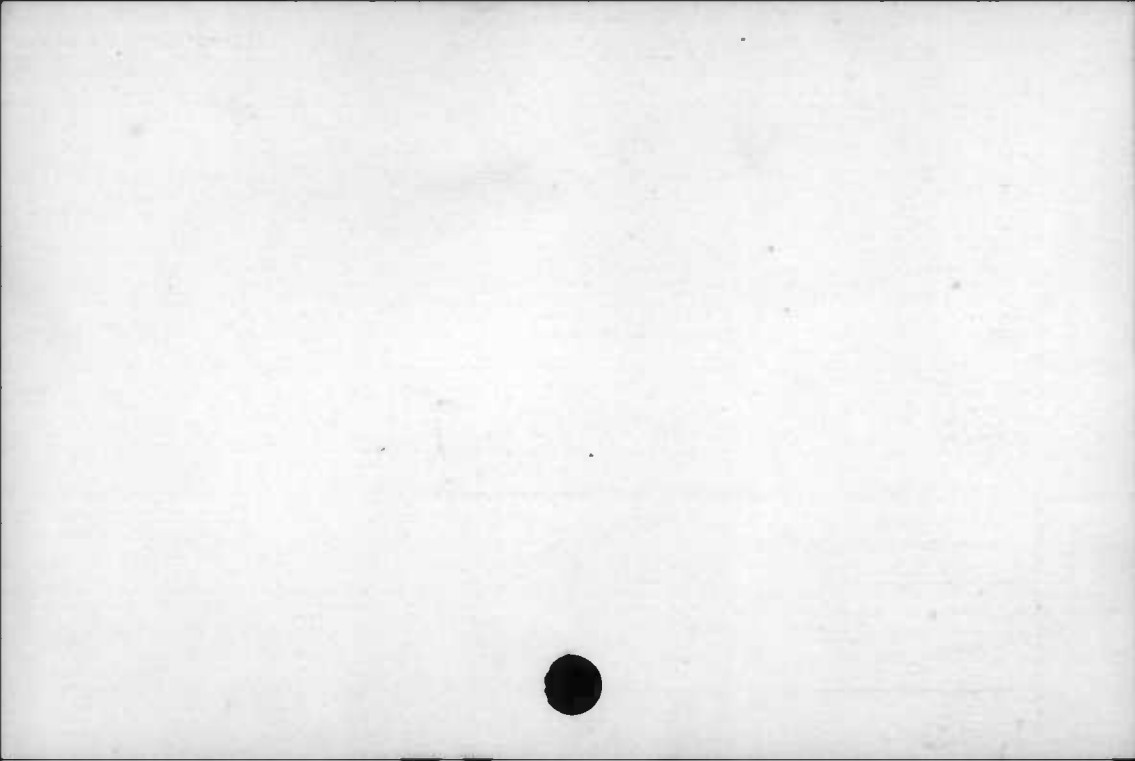
Died at <i>Great Mills</i> <sup>Town</sup>		<i>St Marys Co.,</i> <sup>County</sup>		MARYLAND	
Date of death <i>1904</i> <sup>Year</sup>		<i>Sept 15th</i> <sup>Month Day</sup>		<i>68</i> <sup>Years</sup>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>St Mary's Co.,</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>St Mary's Co.,</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Robert Fawcay</i>		Father's Birthplace <i>St Mary's Co.,</i>			
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Son</i>		How related to deceased			

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Henry Richardson M.D.</i>	
		Address <i>Great Mills.</i>	
Accident or Suicide? <i>no</i>		<i>May 1904</i>	



Name  
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Full

Louisa Hamblin

X

## CERTIFICATE OF DEATH

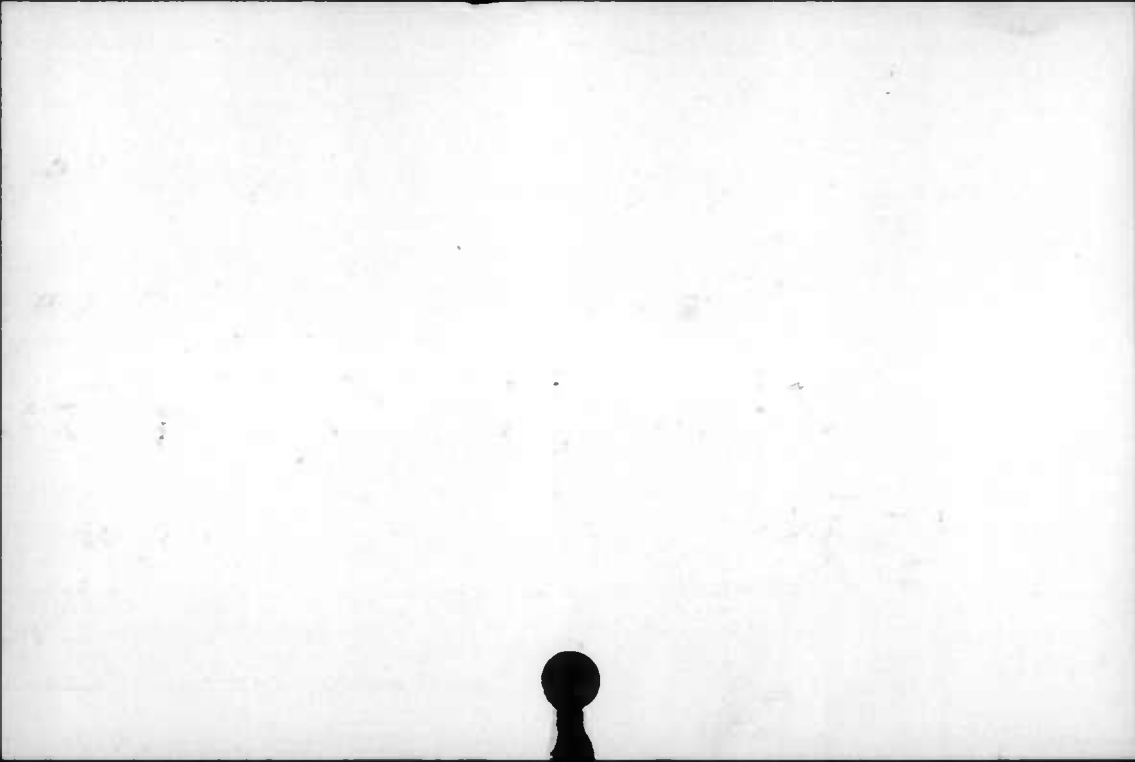
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dayden</i>		Town <i>St. Marys</i>		County <i>St. Marys</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>18</i>	Age <i>5-8</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>St. Marys Cond.</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wilmore Hamblin</i>						
Father's Name <i>James Gress</i>	Father's Birthplace <i>St. Marys Cond.</i>						
Mother's Maiden Name <i>Lottie Milburn</i>	Mother's Birthplace <i>St. Marys Cond.</i>						
Name of person giving information <i>Wilmore Hamblin</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>6 weeks</i>
Immediate <i>Peritonitis</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Hooper Gresh, M.D.</i>
	Address <i>Valley Lee, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
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J. Morris Milburn

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## CERTIFICATE OF DEATH

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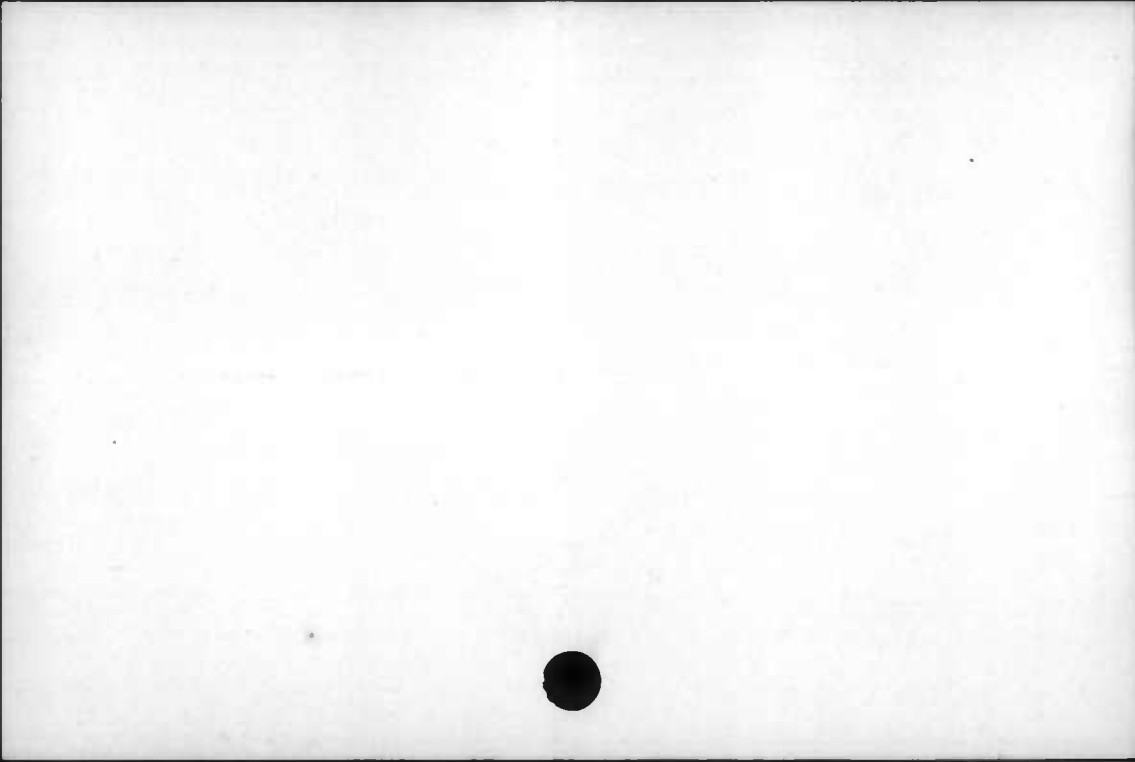
Died at		Town		County		MARYLAND	
Valley Lee		St. Mary's					
Date of death	Month	Day	Age	Years	Months	Days	
1908	Sept.	11	71				
Sex	Male		Color or Race	White		Birth-place	St. Mary's Conn
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth O. Milburn			
Father's Name	John Lewis Milburn					Father's Birthplace	St. Mary's Conn.
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Lucy Milburn					How related to deceased	Son-in-law

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Complication of diseases	How long	About a week
Immediate	Heart-failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	T. H. Hopper, M.D.		
Address	Valley Lee, Md.		
Accident or Suicide?			





Name  
In  
Full

William Duke

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hermannville

St Mary's

Date

Month

Day

Years

Months

Days

of death 1908

Sept-

28

Age

3

Sex

male

Color or  
Race

white

Birth-  
place

St Mary's Co.,

Occupation

Where Residing if not  
at place of death

St Mary's Co.,

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Joseph Duke

Father's  
Birthplace

St Mary's Co.,

Mother's  
Maiden Name

Sadie Concho

Mother's  
Birthplace

St Mary's Co.,

Name of person giving  
In formation

Teacher

How related  
to deceased

## CAUSES OF DEATH

61

Primary

Acute Meningitis

How long

4 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Henry Richardson M.D.

Address

Grafton Mills

Accident or Suicide?

St Mary's Co., Md.

LIBRARY BUREAU ADAMS

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

